The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(16254 Reg. Dist. No. 254

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
Queen anes MARYLAND	STATE Tury land COUNTY July Junes
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN (in this place)	TOWN Queenstown
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	
DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) OARAH /VI. (AllAHAN 1	JERRY DEATH June 3 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
(Specify) wedowed	1 -1 -1 0 0 3 C 0 0 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Conserved the rectified of the House	Turaryland COUNTRY SA
13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME
William David Vallahan	Ann Elizabeth Trey 000
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (II yes, give war or dates of service)	Pura aniel Berry Quel strong Zud
18. MEDICAL CE	
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
- Carolla	les arrhano 11 m
Immediate cause (a)	1 mours
331 Antecedent cause(s)	
Diseases or conditions, if any, (b)	allerone.
giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
198. DATE OF OTERATION 1885 MANOUS PRODUCTS OF OTERATION	20. AUTOPSY?
THE LOCK DEVICE OF THE LOCK OF	Yes No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
	M/ 2 3 1 1 1
22. I hereby certify that I attended the deceased from	, 19. , to that I last saw the deceased
105/ and that double and the	0 22.
alive on 19, and that death occurred at.//	ADDRESS DATE SIGNED
SIGNATURE:	DATE SIGNED
John J. Lebson St. Cy. D.	trasonvelle by 6-4-51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR GREMATORY LOCATION (City, town, or county) (State)
Promovali (Specify) June 7-51 Chesters	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Rig. Con Mile Man Con J. J.	Ba + A (T A A A A A A A A A A A A A A A A A
June 331 Star 11. Claudy	warry sero entreally May and
/ 1	

DECEDATED NOT

BUREAU V. S.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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B OF BERTIN	Keg	. Dist. No	سرک	
2. USUAL RESIDENCE (HOMI STATE) May Les CITY (If outside corporate lin OR TOWN	as Ol	COUNTY	e nearest tow	
STREET ADDRESS Year	dif rural, give	location)		1
INEBRINK	OF DEATH	fonth)	(Day) 29	(Year)
May 27-1876	GE last birthery 75 yrs.	Months		Min.
Iselat & Ne	ign country)		CITIZEN OF	SA
14. MOTHER'S MAIDEN NAM	Desper			
anna (Goheth B	RESS	4 Cu	streadle	Zel
RTIFICATION			INTERVAL B ONSET AND	BTWEEN
ب بسا			***************************************	
to Right A	حم		20. AUTO	PSV1
: (CITY OR TOWN	1) (COUNTY)	Yes [No 🗆

1. PLACE OF DEATH- COUNTY OLIVE CHILLS MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR granear set to the cutteville (in this 3 lace)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS Hear Carvel
3. NAME OF DECEASED (First) (Middle) (Type or Print) IPA DULIN 3	INEBRINK DEATH Worth (Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Warred	8. DATE OF BIRTH 9. AGE last birthdy If under 1 year If under 24 hrs. Months Days Hours Min.
done doubng most of working life even if retired) 10b. Kind of Business or Industry Industry	11. BUTTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Waroard Dulen 15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No.	14. MOTHER'S MAIDEN NAME 17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (II yes, give war or dates of service)	anna Exaketh Bunkink Centrack Hed
18. MEDICAL CE	ERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (a)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	to Right sias
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 1941, to 6 24, 19. 1, that I last saw the deceased
alive on, 19, and that death occurred at S(GNATURE) (Degree or title)	ADDRESS DATE SIGNED
	CRY OR CREMATORY LOCATION (City, town, or county) (Slate)
DATE REC'D BY LOCAL RECORDERS'S SIGNATURE REGO	24. FUNERAL DIRECTOR ADDRESS
June 29-57 Gare Urmslrong	1 16 Arton 1840 Centroille Marykaul
VI (/	



06256

CERTIFICATE OF DEATH

		~	por day
Reg.	Dist.	No.	N

		FOR MEDICA	L EXAMINERS	Reg.	Dist. No. Zu SZ
1. PLACE OF DEATH-	anne	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASE	COUNTY TO my
CITY (If outside corpors OR give nearest town TOWN			CITY (If outside corpor OR TOWN	rate limits, write RURA	L and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		8	STREET ADDRESS Z909	Gaorge he	ocation) RL V
3. NAME OF DECEASED (Type or Print)	Glewn	(Middle) T3L	ackbown	14. DATE (MOOF JULE) DEATH JUL	onth) (Day) (Year)
male a	OLOR OR RACE	7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify)	Soft z 3.19 2.5		If under 1 year If under 24 hi Months Days Hours Min
done during most of workin	N (Give kind of work g ijfe, even if retired)	10b. KIND OF BUSINESS OF INDUSTRY	Zawal D	or foreign country)	12. CITIZEN OF WHAT COUNTRY? 4-5. A
13. FATROER'S NAME	www.		Beatrace 1	Blackbu	
(1 es. no. or unknown) (11 v	U.S. ARMED FORCES? es, give war or dates of re) 400 WAT-IL	1 298-18-0788	Frita Fara	DDRESS Lack	bure (minga)
I. Diseases or condi-		EADING TO DEATH	- accide	Jek)	INTERVAL BETWEE ONSET AND DEAT
Antecedent ca Diseases or condit giving rise to the stating the underly	ise(s) ions, if any, (b) bove cause ring cause last			,	
H. OTHER SIGNIFICAN Conditions contributing t	(c) CONDITIONS o the death but not				
19a. DATE OF OPERATI		INDINGS OF OPERATION			1 20. AUTOPSY?
					Yes No C
21. EXTERNAL CAUSE PRIMARY □ OR CONTR CAUSE OF DEATH.	WAS IBUTING PLAC OF INJU	CE (Home, farm, factory, stree office bidg., etc.) RY	t, (CITY OR	TOWN) (C	COUNTY) (STATE)
TIME (Month) (Duy		INJURY OCCURRED While at Nnt while work at work	HOW DID INJURY OF	CUR?	
obtained by said Au	onsy. Inspection or	Inquiry, find that said de suicide , homicide (Degree or title)	ADDRESS ente	ed above, and death	in my opinion resulted DATE SIGNED
23. BURIAL CREMATIO	DATE THEREO	F NAME OF CEMEN		LOCATION (City, town	
(PMOVAL (Specify)				Ballmer	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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INFADING I Physicians:

WITH UP

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

De ON

Reg. Dist. No. 252 I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY 2 COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and TOWN give nearest town) LENGTH OF STAY (In this place) Jack Donas TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR STREET ADDRESS George town Rh 3. NAME OF (First) (Middie) (Month) (Day) (Year) DECEASED Blackbu June mald (Type or Print) 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 br Months | Days | Hours | Min. male (Specify) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 4.5.A done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service) ate Blackle 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (accordantal ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No 🗆 21. EXTERNAL CAUSE WAS PLACE (Hnme, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING office bldg., etc.) CAUSE OF DEATH. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while INJURY work 22. I certify that I took charge of the remains described above, held an Autapsy ... Inspection ... Inquiry ... therean and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], hamicide [], undetermined SIGNATURE ADDRESS Contille DATE SIGNED Debute med Exam for 2 a Co ind 23. BURAL, CREMATION (State) OVAL (Special) new Cathede une 20.51 REGISTRAR'S SIGNATURE

SA OVENAR SELANTED STAN

The S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEAT	4 1		2. USUAL RESIDENCE (F	- A COTTATION	v
Qu	EEN ANNES	MARYLAND	STATE MO.	QUEEN ANNE'S	1
CITY (If outside	corporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpora	te limits, write RURAL and giv	ve nearest town)
OR give neares	t town) QUEENSTO	(in this place)	TOWN RURA		
HOSPITAL OR		MA 9 years.	STREET	(If rural give location)	
INSTITUTION O	OR ESS		ADDRESS //		DUEENSTOWA
3. NAME OF	(First)	(Middle)	(Lnst)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	VAMES	ARTHUR	BLOUNT	OF DEATH 6 -	26 1951
S. SEX	1 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last birthday If under	
M	C	WIDOWED, DIVORCED, (Specify)	2-17-15	36 yrs. Months	Days Hours Min.
on. USUAL OCCUI	PATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State o		2. CITIZEN OF WHAT
done during most of	working life, even if retired)	INDUSTRY HRMING	EDENTON	N.C.	COUNTRY?
3. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	
clas	VEC ARTI	LUB RIVET	NICEY		
5 WAS DECEASED I	EVER IN U.S. ARMED FORCES	S? 16. SOCIAL SECURITY NO.	117. INFORMANT	BARNES	
Yes, no, or unknown	(If yes, give war or dates	of 23/-10-9630		E G. BLOUR	IT (WIFE)
	(service) Ho		PATTI	E G. DLOUN	(wire)
		18. MEDICAL CE	RTIFICATION		Tremport Description
L DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
			- 1		A /
Immedia	ite cause (a)	CORONAR	Y OCCLUS	ON.	/ ONE
S. I	tte cause (w/=		% m m m m m m m m m m m m m m m m m m m	HP 17HHHHAW 7	
	ent cause(s)				
	conditions, if any, (b)	*			
94 giving rise	to the shove cause underlying cause last				
14 cc seems enc	(a)				
II OTHED SIGNIE	ICANT CONDITIONS				
Conditions contrib	outing to the death but not ase or condition causing deat	bh.			
		FINDINGS OF OPERATION			20. AUTOPSY?
ISM. DAILS OF OIL	155. 4115010	rindands of Oldmillon			av. AUTOISIT
					Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR T	OWN) (COUNTY)	(STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY	m.	White Work At work			
11430161	III.	AC WOLE			
00 Y L L	es- that I standed th	a descend from	10 4-	10 Abot Tilost	43-5
22. I hereby cer	my that I attended th	e deceased from		, 19, that I last s	aw the deceased
alizza on	10 am	d that death occurred at	Am from the	course and on the date at	atad abaya
SIGNATURE	, 1 <i>J</i> , an	(Degree or title)	ADDRESS	causes and on the date st	DATE SIGNED
BIGINAL ORD	1 1 -	7	7	· M	1
	de d 15. 1	willer M.D.	CENTRE	VILLE, I'D,	July 27.0
23. BURIAL, CREM	IATION DATE THERE	OF INAME OF CEMUTE		OCATION (City, town, or coun	(State)
REMOVAL (Spe	cify) ()	0 51 /2 /21011	Unatoni	Clarital Water	to Do Late
Kenior	ear rule a	7-01 Lowera	emercy c	aemon Morle	Caronil
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. EUNERAL TRECTO	R/ 06	ADDRESS
6-28	-51 Nolen m	2. aldredoes	Stull SIL	YHIAM	7/ Slow 7/1
		1	Justing VII		
		V		80010	1 12
				District 1 U.	-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

06259

CERTIFICATE OF DEATH

g. Dist. No. 252

I. PLACE OF DEATH. COUNTY Queen MARYLAN	ND	2. USUAL RES	SIDENCE (HO	ME) OF DEC	CEASED COUNT	Yam	~
	DF STAY place)	OR TOWN	tside corporate	limita, write		ive nearest to	own)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS		(If rural,	give location)		
3. NAME OF (First) (Middle) OECEASED (Type or Print) (Type or Print)	ar 6	Podevi	(4. DATE OF DEATH	(Month)	(Day)	(Year)
5. SEX 6. COLOR OR RACE 7. SINGLE; MARRIE WIDOWED, DIVO (Specify)	DRCED,	Afoul ?	26-1877	AGE last birt	hday If under Months	Days Ho	nder 24 hra
10a. USUAL OCCUPATION (Give kind of work loope during most of working life, even if retired) Industry Stock dealer		mary				2. CITIZEN COUNTRY?	OF WHAT
18. FATHER'S NAME Those a Godevin		Flora	S MAIDEN N	me -			
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unknown) (If yes, give war or dates of service)	TY No.	Roy 90	MT AND A	(Son)			HHE
18. MED	DICAL CERT	TIFICATION				1	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	THE STATE OF THE S	a-has	100			ONSET AL	BETWEEN OF DEATH
Immediate cause (a) Corcorat		9	<u> </u>			2 000	esc.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			2 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	and the latter than the latter than the second and the latter than the latter	**** * ** ***************************	** ** *** *** *** *** *** *** *** ***	தீர்ரா ் பெள்ளில் உற்படா நடி குறுத்
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	seese						
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERA	ATION					20. AUT	OPSY?
						Yes 🗌	No 🖰
21. ACCIDENT (Specify) PLACE (Home, farm, factory OF office bidg., etc.) IIOMICIDE INJURY	ry, street,		CITY OR TO	WN)	(COUNTY) (STA	TE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURREI OF While at Not While INJURY m. Work At wor	illo	HOW DID II	NJURY OCCU	IR?			
22. I hereby certify that I attended the deceased from I alive on June 5, 1951, and that death occurr SIGNATURE (Degree or title W. Stewny Fisher-M. &	red at/		from the ca				e.
23. BUDDAL, CREMATION DATE THEREOF NAME OF CREMATION DATE RECORD BY LOCAL ENGISTRAR'S SIGNATURE, REG. 2-7-5/6 Lage Utmales		24. FINE ALL		TION (City	town, or cour	DDRE	(State)
	7		7 10	CAN W	29061	9 7	nd.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06260

Reg. Dist. No. 213

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Queene Anne MARYLAND	STATE Maryland Queet Anne
CITY (If outside corporate limits, write RURAL and OR give nearest town) the ster	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS
3. NAME OF (First) (Middle) DECEASED (Type or Print) E1S2.	Jones 4. DATE (Month) (Day) (Year) OF DEATH June 5 19.54
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. 7. 2 - 1866 65 yrs. Months Days Illours Min.
10a. USUAL OCCUPATION (Give kind of work done during not of yellog life, even if retired) 10b. Kind of Business on the control of Business on the control of the control o	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leonard Jones	Sally Warher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of service)	Chester Jones, Chester, Md.
Immediate cause (a) Superfective LEADING TO DEATH Immediate cause (a) Superfective LEADING TO DEATH (b) Superfective LEADING TO DEATH (c) Superfective LEADING TO DEATH Immediate cause (a) Superfective LEADING TO DEATH (b) Superfective LEADING TO DEATH (c) Superfective LEADING TO DEATH (d) Superfective LEADING TO DEATH (e) Superfective LEADING TO DEATH (d) Superfective LEADING TO DEATH (e) Superfective LEADING TO DEATH (e) Superfective LEADING TO DEATH (e) Superfective LEADING TO DEATH (ii) Superfective LEADING TO DEATH (iii) Superfective LEADI	Cordine Gulorgament 344000 4/173/49
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
IN THE OF CALLETON	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Jul 73 alive on Jul 73 SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE REMOVAB (Freight June 9 NAME OF CEMETER Stevensyil	ADDRESS ADDRES
DATH REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS Edgar L. Lane Church Hill. Md.
	9/0126

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

06261

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

eg. Dist. No. 254

I. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If openie corporate limits, write RURAL and LENGTH OF STAY OR glvc first town) (in this place)	CITY (II outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS
3. NAME OF (First) (Middle) DECEASED (Type or Print) WILLIAM	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Same 3 1951
5. SEX 6. COLOR OR RACE WIDOWED DIVORCED (Specify)	S. DATE OF BIRTH 9. AGE last birthey If under 1 year If under 24 hrs. Sept 13-1862 88 yrs. Months Days Hours Min.
102 USUAL OCCUPATION (Give kind of work done during most of working life, even if redired) INDUSTRY Returned	11. FIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY ST
15. FATHER'S NOME	14. MOTHER'S KAIDEN NAME Skycheth Jekeolee
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, of anknown) (If yes, give war or dates of service) The service) The service) The service of the servic	17. INFORMANT AND ADDRESS Presentaun ned
18. MEDICAL CEI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	
85 d stating the underlying cause last (c) Paline	est les
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2315	, 1957, to L + 3, 1981, that I last saw the deceased
alive on 19.74 and that death occurred at SIGNATURE (Degra or title)	ADDRESS DATE SIGNED
	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE RECT BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
mes - 195 klen Mildidge	Bacton Berr Cecteareth Med
	100/65

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DECEINGE

PLEASE WRITE PLAINL

MARYLAND STATE DEPARTMENT OF HEALTH

06262

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 25/

I. PLACE OF DEATH- COUNTY JURGE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
OR give nearest town) Courte RURAL and LENGTH OF STAY OR TOWN Courte Courter this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS
3. NAME OF DECEASED (Type or Print) Clarace Morel and	Maul 4. DATE (Month) (Dey) (Year) OF DEATH June 28 198
6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under I year Months Days Hours Min.
10b. USUAL OCCUPATION (Give kind of work plone during most of working life, even if retired) 10b. Kind of Business of Industry 10b. Kind of Industry 10b. Industry 10b. Industry 10b. Kind of Industry 10b. Industry 1	11. BIRTHPLACE (State or foreign country) 2. C. C. TIZEN OF WHAT COUNTRY? 1. S
Chas Ford mane,	Sarah Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or detected of service)	James Burley Chestertown Maryland
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH LEADING TO DEATH	d on floor of his room
Immediate cause (a)	
Diseases or conditions, if eny, (b)	2 and brouble for 4 or 5 yr
940 stating the underlying couse lest (c)	ronory occlusion
II. UTHER SIGNIFICANT CONDITIONS Conditions contributing to the deeth but not related to the disease or condition ceusing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CONTRIBUTING DEATH.	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. work at work	HOW DID INJURY OCCUR?
fram: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title)	ased died on the day stated above, and death in my opinion resulted undetermined DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	TY OR CREMATORY LOCATION (City, town, or county) (State)
Burla Epecly) July 2, 1951 Crumpton	Cemetery Crumpton, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. Luc 28 dear of fine	J. Willis Wells - Chestertown, Md.
	820/05

S. 1 DETTINA DESTALLANDE SON 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06263

I. PLACE OF DEATH- COUNTY CLEEN QUILES MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearly town to the limits of the place)	CITY (If outside corporate limits, write RURAL and give TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (First) (Middle) DECEASED 40 5 0	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) /VI HK 9 FINTINCES	NELSON DEATH There	24 1951
6. COLOR OR RACE 7. SINGLE, MAINRIED, WIDOWED, DIVORGED, (Specify Widoway)	S. DATE OF BIRTH 9. AGE last birthdy If under Months 15. 1882 68 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working bie, even if retired) INDUSTRY		COUNTRY? LL SA
13. FATHER'S NAME Clack	Elija Wiggins	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of levelie)	Darrey & When Of the	utor are
18. MEDICAL CEI	RTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coroniary	Ocalusion	2 days
Immediate cause (a)	**************************************	78
Ho20, Antecedent cause(s)		/
Diseases or conditions, if any, (b)	AP01 (0001) 01001 (1.001) 01.0001 (01.0001) 01.0001 (01.0001) 01.0001 (01.0001) 01.0001 (01.0001) 01.0001	
94a stating the underlying cause isst		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 2	2 10 50 to June 241051 that I last a	aw the deseared
alive on Jule 231951, and that death occurred at	ADDRESS ADDRESS	ated above. DATE SIGNED
W. Howy Fisher m. D. Centrevil	le md-	25-51-
23. BURLAL, CREMOTION PATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county)	Wace land.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS 2
5 LUTO/ Other Urmslroug	I seem vous melanelle	, und

correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06264

Reg. Dist. No. 2.572.

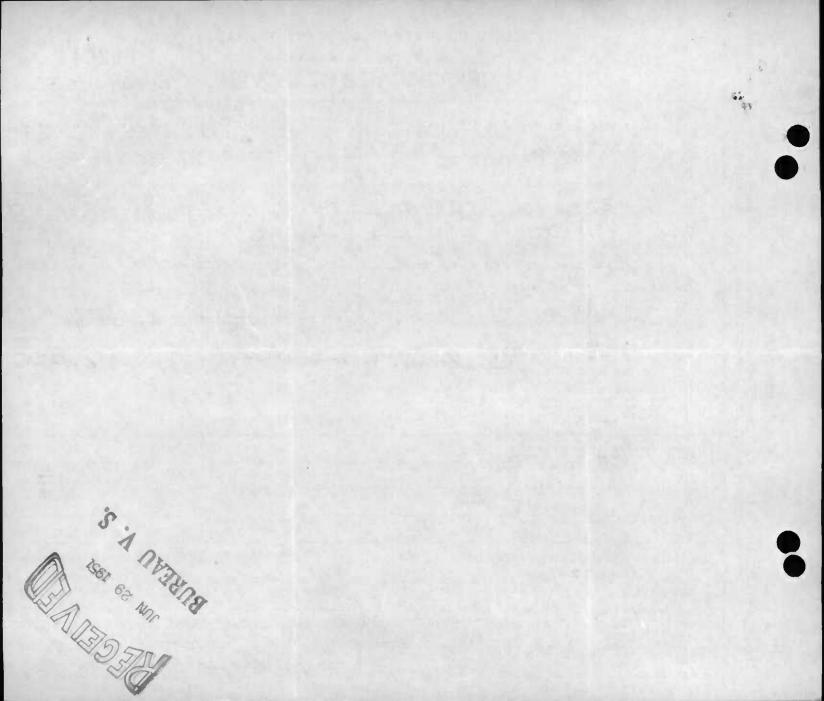
100105

1. PLACE OF PEATH. COUNTY DIEGEN COLORS MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Hary Land COUNTY	
OR give to sat to the TOWN CITY (If out the corporate limits, write RURAL and LENGTH OF STAY (in this place) TOWN	CITY (If outside correcte limits, write RURAL and giv	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (First) (Middle) DECEASED (All Total Control of the Con	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) EDMUND BRYAN	PALMER DEATH June	22 195
Mule Louite WIDOWED DIVORCED (Specify)	Parla 15-1866 84 yrs. Months	1 year If under 24 hra Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Through the time of Business or Industrial	BIR HPLACE (State or foreign country) 12	COUNTRY?
13. EATHER'S NAME Palmer	14. MOTHER'S MAIDEN NAME NIGHTS Marsel	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of Monday Security)	17. INFORMANT AND ADDRESS Conquestine elever Che	tw Hed
I8. MEDICAL CER	TIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Carabral No.	morra ege.	6 weeder
giving rise to the above cause 85 a stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	., 19 to June 22, 1957, that I last se	aw the deceased
alive on June 22 1957, and that death occurred at	6'0 a.m., from the causes and on the date str	ated shove
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
W. Hewry Trader-m. D. Coul	revelle mh	6/22.51
23. BURIAL CREMATION PATE THEREOF NAME OF CEMETER PROJUCTURE 24-5/ Street	ville Med Steremville	ma.
DATE REC'D BY LOCAL/RESTERAR'S EIGNATURE REG. 6-22-5-16 Chie Crimstroug	Barton Bro Cereteer	ADDRESS

MARGIN RESERVED FOR BINDING

PLBASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06265

Reg. Dist. No. 251

1. PLACE OF DEATH- COUNTY Queen Ann	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTYYORK							
CITY (If outside corporate limits, OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HANOVER							
HOSPITAL OR Queen Anne County			STREET (If rural, give location) ADDRESS					
			"					
3. NAME OF (First) DECEASED (Type or Print) Bertha		(Middle)	Stahl	oF DEATH JUN	donth) le 28,	(Day) 1951	(Year) 19	
female 6. COLOR O	R RACE 7.	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) APT160	Sept. I. 1876	9. AGE last birthday 74 yrs.	Months	Days Hours	Min.	
10a. USUAL OCCUPATION (Give k done during most of working life, ever	ind of work 10	Ob. KIND OF BUSINESS OR NDUSTRY	II. BIRTHPLACE (State of York Co. F		12	CITIZEN OF		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME					
Charles I.	House		Mary L.					
Charles L. House 15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No.			AR VANDARA SAME					
(Yes, no, or unknown) (If yes, give we no no no unknown) (If yes, give we no	r or dates of	no	Mrs. Harry Sl		ester	town,	Md.	
		18. MEDICAL CE	RTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					INTERVAL B	DEATH		
Immediate cause (a) Acute circulatory collapse					12 hr	<u> </u>		
422, 2 Antecedent cause(s) Diseases or conditions, if any, (b) Myo car difficulty characteristics						5 400	1	
giving rise to the above cause stating the underlying cause last								
(c)								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION 19b	MAJOR FIN	DINGS OF OPERATION				1 20. AUTOP	SY?	
						V D	N- FD-	
21. ACCIDENT (Specify)	1 DI ACE	(Home, farm, factory, street,	: (CITY OR)	TOWN	(COUNTY)	Yes	No E	
SUICIDE HOMICIDE	OF OF INJURY	office bidg., etc.)			(000111)	(SIAI)	E4)	
TIME (Month) (Day) (Year OF INJURY	W	VJURY OCCURRED Valle at Not While Work At work	HOW DID INJURY OC	CUR?				
22 I havely cortify that I attended the deceased from 1/- 30 1950 to June 28 1957 that I last saw the deceased								
	. ~		TT A					
alive on								
al Dick		M.11.	liestriton	- led		-282		
REMOVAL (Specify) 7	/I/5I	Mt. Olivet		Hanover (Yo	ork Co	Penn		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE) REG. J. Willis Wells Chestertown, ADDRESS J. Willis Wells Chestertown, Md.								
	1							

BUREAU V. S. 1951 P. S. 1961 E SUN P. S. 1961 E SUN P. S. 1962 E SUN P. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06266

Reg. Dist. No. 251 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY STATE COUNTY uereland MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) glvo nea at town), (in this place) TOWN TOWN STREET HOSPITAL OR (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (First) (Middle) 4. DATE (Last) Month) (Day) (Year) DECEASED SUDLER MORGAN (Type or Print) DEATH 19 47 7. SINGLE, MARRIED, WIDOWED, DIVORCES (Specify October) 6. COLOR OR BACE S. DATE OF BIRTH 9. AGE last hirthday If under 1 year IIf under 24 hrs. Months | Days | Hours | Min. 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCEST | 16. SOCIAL SECURITY NO. 17 INFORMANT AND ADDRESS (Yes, no, or unknown) (If yes, give war or date of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause 420, / Antecedent cause(s) Diseases or conditions, if any. giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No A PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY 21. ACCIDENT (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? (Day) (Year) (Hour) TIME (Month) While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from Jul. 1957., to 1957., that I last saw the deceased DATE SIGNED (Degree or tiple) SIGNATURE 23. BUDIAL, CREMATION NAME OF CEMETERY OR CREMATOR LOCATION (City, town, or county KEC'D BY LOCAL 24. FUNERAL DIRECTOR DATE REG.

S. 1 CERTAR OF A 130 FM . 4

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Treet age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

106267251

Reg. Dist. No. 67

1. PLACE OF DEATH COUNTY WEEN Come MARYLAND	2. USUAL RESIDENCE GIOME) OF DECEASED COUNTY					
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest folds) (in this place)	CITY (II outside corporate limits, write RURAL and give nearest town) OR					
TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	TOWN Variety STREET (If rural give location)					
3. NAME OF DECEASED (First) (Middle) (Type or Print) SARAH WINTERED	WILSON 4. DATE (Month) (Day) (Year) OF DEATH JUNE G 1951					
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	SEPT. 4, 1875 9. AGE last birthday If under 1 year Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT					
13. FATHER'S NAME JUSEPH E. WILSON	14. MOTHER'S MAIDEN NAME FRANCES DOWNES					
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	MRS. J. PERCY BILTLE DENTON, MD.					
18. MEDICAL CERTIFICATION						
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE					
Immediate cause (a) Coron erg	Rupture_					
120 / Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause	leruis -					
93 d stating the underlying cause last (c) Cluring	My oewifilis					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Limitly						
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?					
21. ACCIDENT (Specify) SUICIDE HOMICIDE HOMICIDE OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)					
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY we work A work	HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 194, to ful. 9, 195, that I last saw the deceased						
alive on	ADDRESS DATE SIGNED					
23, BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	Fug Ens rilly but 6/12/5' RY OR CREMATORY LOCATION (City, town, or county) (State)					
REMOVAL (Specify) June 13, 1951 Sudle	sville Sudbraville hed.					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 6/13/5/	24 TUNERAL DIRECTOR ADDRESS Virgil Know of Son Dento, and.					
61. 11.						

